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PTO/SB/05 (05-03)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		Attorney Docket No. 6974S-000028/US/01	
		First Inventor Hawley, et al.	
		Title COMPOSITIONS AND METHODS FOR TREATING SEXUAL DYSFUNCTION	
		Express Mail Label No. EV 311407836 US	

APPLICATION ELEMENTS		ADDRESS TO:	
<small>See MPEP chapter 600 concerning utility patent application contents.</small>		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 30] <small>(preferred arrangement set forth below)</small></p> <ul style="list-style-type: none">- Descriptive title of the Invention <input checked="" type="checkbox"/> Specification filed in English- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]</p> <p>5. Oath or Declaration [Total Pages 3]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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ACCOMPANYING APPLICATIONS PARTS	
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Check in the amount of \$1,256</u></p>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ____ / ____

Prior application information: Examiner ____ Group / Art Unit: ____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		28997		<input type="checkbox"/> Correspondence address below	
		<small>(Insert Customer No. or Attach bar code label here)</small>			
Name	Saul L. Zackson Harness, Dickey & Pierce, P.L.C.				
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City	St. Louis	State	MO	Zip Code	63105
Country	United States of America	Telephone	314-726-7500	Fax	314-726-7501

Name (Print/Type)	Saul L. Zackson	Registration No. (Attorney/Agent)	52,391
Signature		Date	October 1, 2002

EVE 311407836 US

17439 U.S. PTO
10/02/03

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p>Complete if Known</p>													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Unknown</td> </tr> <tr> <td>Filing Date</td> <td>October 2, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Hawley, et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Unknown</td> </tr> <tr> <td>Group / Art Unit</td> <td>Unknown</td> </tr> <tr> <td>Attorney Docket No.</td> <td>6794S-000028/US/01</td> </tr> </table>		Application Number	Unknown	Filing Date	October 2, 2003	First Named Inventor	Hawley, et al.	Examiner Name	Unknown	Group / Art Unit	Unknown	Attorney Docket No.	6794S-000028/US/01
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input type="checkbox"/> Deposit Account: </p> <div style="margin-top: 10px;"> Deposit Account Number: 08-0750 </div> <div style="margin-top: 10px;"> Deposit Account Name: Harness, Dickey & Pierce, P.L.C. </div> <p style="font-size: small; margin-top: 10px;"> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>					<p>FEE CALCULATION (continued)</p>																																																																																																																																																																																																																																																
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**or number previously paid, if greater; For Reissues, see above

<p>SUBMITTED BY</p>				<p>Complete (if applicable)</p>	
Name (Print/Type)	Saul L. Zackson	Registration No. Attorney/Agent)	52,391	Telephone	314-726-7500
Signature				Date	October 2, 2002

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EV-319407836-116